

RECEIVED
CENTRAL FAX CENTER

JUN 26 2006

FACSIMILE TRANSMITTAL FORM	Application Number	10/664054
	Confirmation Number	
	Filing Date	September 15, 2003
	First Named Inventor	Foust, Kevin D.
	Examiner Name	
Fax: 571-273-8300	Attorney Docket Number	58998US002
Total Number of Pages in This Submission: 12		
Date: June 26, 2006	Attorney for Applicant: Peter L. Olson	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Amendment Transmittal	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosures:
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts under 35 USC 371 in US Designated/ Elected Office (DOE/OUS)	<input type="checkbox"/> Request for Refund <input type="checkbox"/> Request for Continued Examination (RCE) Transmittal	
<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Communication to Technology Center	
REMARKS:		

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION
MAY CONTAIN CONFIDENTIAL OR LEGALLY PRIVILEGED INFORMATION
INTENDED ONLY FOR THE PERSON OR ENTITY NAMED BELOW.

If you are not the intended recipient, please do not read, use, disclose, distribute or copy this transmission.
If this transmission was received in error, please immediately notify me by telephone directly at 322-722-4541 or 651-733-1500, and we will arrange for its return at no cost to you.

RECEIVED
CENTRAL FAX CENTER

JUN 26 2006

32692

Customer Number

Patent
Case No.: 58998US002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: FOUST, KEVIN D.

Application No.: 10/664054

Confirmation No.:

Filed: September 15, 2003

Title: METHOD OF FORMING DENTAL RESTORATIVE MATERIAL PACKAGING

AMENDMENT AND RESPONSE UNDER 37 CFR § 1.111Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]
I hereby certify that this correspondence is being:☒ transmitted by facsimile on the date shown below to the United States Patent and
Trademark Office at 571-273-8300.June 26, 2006
Date

Signed by: Judy Knutson

Dear Sir:

This Amendment is responsive to the Office Action dated February 24, 2006 in regard to the captioned United States patent application. The period for response to the Office Action was scheduled to have ended on May 24, 2006, and accordingly Applicants respectfully request a one-month extension of the period for response, so that the new deadline becomes June 24, 2006 (a Saturday), and is timely filed today, June 26, 2006 (a Monday). Please charge the necessary fee to Deposit Account number 13-3723.